

Case Number:	CM14-0156708		
Date Assigned:	09/26/2014	Date of Injury:	05/28/2013
Decision Date:	10/31/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; muscle relaxants; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 21, 2014, the claims administrator approved a request for naproxen, denied a request for omeprazole, and denied a request for Norflex. In a January 20, 2014 Medical-legal Evaluation, it was acknowledged that the applicant was no longer working and had last worked in July 2013. In a January 30, 2014 progress note, the applicant was placed off of work, on total temporary disability. A variety of medications, including naproxen, Prilosec were Norflex were endorsed. The applicant, it is incidentally noted, was described in the current medications section of the report as using both Effexor and Motrin. It was acknowledged that the applicant was no longer working. On March 6, 2014, naproxen, Norflex, and Prilosec were again renewed. The applicant was again placed off of work, on total temporary disability. The applicant's complete medication list was not furnished. The applicant continued to receive refills of Naproxen, Norflex, and omeprazole on multiple occasions throughout 2014, without any explicit discussion of medication efficacy. On August 12, 2014, the applicant was described by pain management physician as using Effexor, naproxen, Prilosec, and Norflex. Epidural steroid injection therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole DR 20mg #30, refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and gastrointestinal symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: The attending provider seemingly indicated that the applicant was intent on employing omeprazole for gastric prophylactic purposes. However, as noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for gastrointestinal events include those individuals who are age 65 years of age and those individuals who are using multiple NSAIDs, those individuals who are using NSAIDs and/or corticosteroids in combination, and/or those individuals with some previous history of gastrointestinal bleeding, peptic ulcer disease, etc. In this case, however, the applicant had no clearly stated history of peptic ulcer disease or prior GI bleeding. The applicant did not appear to be using multiple NSAIDs as of the Utilization Review Report, August 21, 2014, although it was acknowledged that the applicant was seemingly using both naproxen and Motrin at an earlier point in time. The applicant was not using NSAIDs in conjunction with corticosteroids. Finally, the applicant was 44 years old (less than 65) as of the date of the Utilization Review Report. The applicant, thus, was not a candidate for prophylactic usage of proton pump inhibitors. Therefore, the request was not medically necessary.

Orphenadrine ER 100mg #60 refill-2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic. Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, however, the attending provider has seemingly employed on a chronic, long-term, and/or scheduled use basis, for the past seven to eight months, despite the unfavorable MTUS position on the same. The applicant has failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant remains off of work, on total temporary disability. Ongoing usage of Norflex has failed to curtail the applicant's dependence on other medications and/or other forms of medical treatment. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of Orphenadrine. Therefore, the request was not medically necessary.

